

Student Checklist

Name: _____

Date: _____

Learning Objective: _____

Legend : Y = Yes

 S = Sometimes

 N = Not very well

___Y ___S ___N	___Y ___S ___N	___Y ___S ___N
___Y ___S ___N	___Y ___S ___N	___Y ___S ___N
___Y ___S ___N	___Y ___S ___N	___Y ___S ___N